

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF THE STATE EPIDEMIOLOGIST PO BOX 369 TRENTON, N.J. 08625-0369

JON S. CORZINE Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D. Commissioner

NJDHSS Communicable Disease Service Weekly Statewide Influenza Activity Summary

Week Ending February 03, 2006

Influenza level of activity: "LOCAL ACTIVITY"

From September 20, 2005, to date, 879 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending February 2006:

Number of influenza A culture confirmed cases: 30

Number of influenza B culture confirmed cases: 1

This is the nineteenth week of the 2005-06 influenza season in New Jersey. The NJDHSS Communicable Disease Service was notified of a cluster of influenza cases in one of the primary schools in the state a few days ago. The situation is under control since the sick students received prompt medical treatment; no new cases have been reported. The school nurse instituted universal respiratory precautions.

This week the influenza-like illness (ILI) rate from emergency department visits and the school absenteeism rate shows a slight increase 5.58% and 5.57% respectively. The nursing home rate also shows a slight increase to1.37% compared with last week.

Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows a slight decrease in the number of tests performed and the number of positives. Overall, this week's surveillance parameter shows a slight increase in the level of activity when compared with previous weeks.

A few of the county percentage parameters showed figures well above the total average (see 03Feb.06pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

From the analysis of all data collected this week from the ILI surveillance system, the level of influenza activity in the state of New Jersey is being raised to "LOCAL ACTIVITY". This level of activity is comparable with the same period last season.

According to the CDC's latest influenza weekly activity level report for week 3 (January 15– January 21, 2006) influenza activity has remained stable in recent weeks in the United States. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Five states reported widespread influenza activity; 23 states and New York City reported regional influenza activity; 9 states and the District of Columbia reported local influenza activity; and 13 states including New Jersey reported sporadic influenza activity. For more information go to: http://www.cdc.gov/flu/

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

The Ministry of Health in Iraq has confirmed the country's first case of human infection with the H5N1 Avian influenza virus in a 15-year-old girl. She died on January 17, 2006 following a severe respiratory illness. The US Naval Medical Research Unit located in Cairo Egypt, provided the preliminary laboratory confirmation. One of WHO's collaborating laboratories located in the United Kingdom, has confirmed 12 of the 21 cases of H5N1 Avian influenza previously announced by the Turkish Ministry of Health. More testing is being conducted on the remainining 9 samples. To date the cumulative number of laboratory-confirmed human cases of Avian influenza A/(H5N1) reported to WHO stands at 161 including 86 deaths. WHO reports only laboratory- confirmed cases. For more information go to: http://www.who.int/csr/disease/influenza/en/

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: http://nj.gov/health/fluinfo/index.html
- http://www.nj.gov/health/flu/preventflu.shtml
- http://www.cdc.gov/flu/
- http://www.who.int/csr/disease/influenza/en/
- http://www.cdc.gov/mmwr/